



Registration Form

Campus : **Bainbridge** **Riverwood Gate** **Westwood Plateau** **Cloverdale**
(please circle)

Preferred Start Date: _____

Child's Full Name: _____ (Male/Female)

Child's Address: _____

Child's Home Phone: _____ Birthday: (year/mo/day) _____

Language spoken at home: _____

Program:

Infant/Toddler Full Day Care
(infant age – 3 yrs)

Full Day Daycare (3– 5 yrs)

Preschool (4 hr) (2 ½-5 yrs)

Out of School Care (Grade K-5)

School: _____

Summer Program (Grade 1-5)

Frequency:

Full-time

Part-time

If part-time, circle days:

Monday

Tuesday

Wednesday

Thursday

Friday

NOTE: Mid-week enrollment of Tues, Wed & Thurs must be accompanied by a Monday or Friday. BrightStart may limit 2 day consecutive mid-week enrollments (Tues/Wed or Wed/Thurs). BrightStart reserves the right to offer an alternative day of the week for 1 day enrollments.

Designated Family email address: _____

(email address that will be used to access the webcams & parent info)

Mom's Name: _____

Mom's Home Address: _____

(if different from child's)

Mom's Phone: Home _____ Work _____ Cell _____

Mom's Email: _____

Dad's Name: _____

Dad's Home Address: _____

(if different from child's or mother)

Dad's Phone: Home _____ Work _____ Cell _____

Dad's Email: _____

Doctor's Name _____ **Phone:** _____
Care Card Number: _____

Emergency Contact and Authorized person pick-up

(Adults, other than parents authorized to call and pick up for emergency purposes.)
(name, relationship, phone number)

1. _____
2. _____
3. _____

Persons NOT authorized to pick up child. (Name and Relationship)

If applicable, please supply a copy of Custody Order

1. _____

Do you have Custody or other Legal Orders? Yes _____ No _____.

(if yes, then please supply a copy of the order to the Facility Manager/Principal.)

Child's Immunization History

- I confirm that my child's immunizations are up-to-date.
- My child's immunizations are not complete, but I plan to bring him/her up-to-date
- My child is not immunized because of personal preference.

Allergies & other health concerns: _____

For Preschool only: Is your child fully potty trained? Yes _____ no _____

Play Group Experiences: Please list any daycare, preschool or other group situations your child has attended. (Name of Program, Dates Attended, Reason for Leaving)

1. _____
2. _____

Signature of Parent/Guardian: _____

Date: _____